

**ENROLLMENT NOTICE FOR HOME STUDY PROGRAM**

Send to: VERMONT DEPARTMENT OF EDUCATION  
 Home Study Program  
 120 State Street  
 Montpelier, VT 05620-2501

SCHOOL YEAR: \_\_\_\_\_ TYPE OF ENROLLMENT: NEW \_\_\_\_\_  
 RE-ENROLLMENT \_\_\_\_\_

**CHILD(REN) TO BE ENROLLED:**

NAME: \_\_\_\_\_ /AGE \_\_\_\_\_ /DOB \_\_\_\_\_  
 optional  
 NAME: \_\_\_\_\_ /AGE \_\_\_\_\_ /DOB \_\_\_\_\_  
 optional  
 NAME: \_\_\_\_\_ /AGE \_\_\_\_\_ /DOB \_\_\_\_\_  
 optional  
 NAME: \_\_\_\_\_ /AGE \_\_\_\_\_ /DOB \_\_\_\_\_  
 optional

**PARENTS OR GUARDIANS MUST SIGN THIS FORM** (NOTE: both parents/guardians must sign, including those who are divorced but share the legal care and custody of the child(ren)):

NAME \_\_\_\_\_ NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 (including zip code)

\_\_\_\_\_  
 (including zip code)

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TOWN OF RESIDENCE OF CHILD(REN): \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PERSON(S) WHO WILL PROVIDE THE INSTRUCTION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE \_\_\_\_\_

**PUBLIC SCHOOL YOUR CHILD WOULD HAVE ATTENDED** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOXES LISTED BELOW:**

*I have included the following:*

- ☐ Form A (Enrollment Notice)
- ☐ A school report card, Form B, or other information to verify that my child does or does not have a disability. (New enrollments only)
- ☐ An assessment of progress made in last year's home study program. See Page 4 of the Home Study Guidelines booklet. (Re-enrollments only)
- ☐ A curriculum covering the 6 areas required by statute. See Page 19 of the Home Study booklet.
- ☐ Form C if my child is taking some courses at a public or private school.
- ☐ Form D if I want to put my name on a list of homeschoolers, given out to those who request it.
- ☐ Form E if my child has home study instructors other than us, the parents.

----- For Office Use Only -----  
 SCH: \_\_\_\_\_ PS: \_\_\_\_\_ NR: \_\_\_\_\_ #SC: \_\_\_\_\_ EOYA: \_\_\_\_\_

VERMONT DEPARTMENT OF EDUCATION  
HOME STUDY PROGRAM

## INDEPENDENT PROFESSIONAL EVIDENCE REPORTING FORM

TO BE FILLED OUT &amp; SIGNED BY AN EDUCATOR OR HEALTH CARE PROFESSIONAL

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Describe the screening method used to determine whether or not this child has a handicapping condition or is in need of further evaluation to determine whether or not there is a handicapping condition that would interfere with his/her ability to learn. Please be specific.

Date seen \_\_\_\_\_

- II. Did the results of the screening process indicate that the child has a handicapping condition that would interfere with his/her ability to learn? If yes, please describe the handicapping condition and how it would interfere with the child's ability to learn.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- III. In your opinion, is there a need for further evaluation to determine whether or not this child has a handicapping condition that would interfere with his/her ability to learn? If yes, what are your specific recommendations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COURSES TAKEN IN PUBLIC/PRIVATE SCHOOL**

As more and more people are homeschooling, some parents are making arrangements at their local public school for their children to take one or more courses while homeschooling. If you are planning to homeschool and have your child take a course at a public or private school, please state in your minimum course of study which areas will be covered at the school. Also have the school fill out this form and submit it with your minimum course of study.

\_\_\_\_\_ will be taking the following  
(Child's name)

courses at \_\_\_\_\_ for the  
(Name of school)

school year \_\_\_\_\_.

Courses: \_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT FOR RELEASE  
OF INFORMATION**

I \_\_\_\_\_ hereby authorize the Vermont Department of Education to include my name and address on mailing lists that are given to the public upon request. I understand that if I agree to have my name included, that my name will be released to any individual, group or organization that requests a list of names of homeschoolers.

I understand that I am not required to give my consent and this decision is voluntary on my part. I also understand that once my name is given pursuant to this consent form, a decision to withdraw my consent will not necessarily remove my name from mailing lists already released to individuals, groups, or organizations.

This consent is valid for the period from this date until **December 31, 2006.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

## HOMESCHOOLING INSTRUCTOR(S)

Some parents are making arrangements to have others instruct or supplement the instruction provided to their child(ren), during his/her homeschooling. If you homeschool and plan to have any instruction provided by another person(s) other than yourself, the home study statute requires that you please complete the information requested below. This form needs to accompany the minimum course of study you send to the Department when you enroll your child(ren) in homeschooling.

**NOTE: If your child(ren) is homeschooling and is also taking courses in a public/private school, you will report this information on Form C, not Form E.**

\_\_\_\_\_ will be receiving instruction from the following persons:  
(child's name)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Instruction provided: \_\_\_\_\_

\_\_\_\_\_

Instructor's signature: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Instruction provided: \_\_\_\_\_

\_\_\_\_\_

Instructor's signature: \_\_\_\_\_

## **MINIMUM COURSE OF STUDY (CURRICULUM)**

(You may use separate pages or another way of describing the curriculum if you wish.)

**Please describe the content or skills to be covered in each of the following areas:**

- 1. BASIC COMMUNICATION SKILLS, including reading, writing and the use of numbers;**  
Describe what will be covered in such areas as reading, language arts, grammar, spelling, etc.

Describe what will be covered in math.

- 2. CITIZENSHIP, HISTORY & GOVERNMENT in Vermont and the United States;**  
Describe what will be covered in such areas as history, social studies, government, geography, etc.

**3. PHYSICAL EDUCATION & COMPREHENSIVE HEALTH EDUCATION including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society;**

Describe what will be covered for physical education in such areas as biking, hiking, sports, gymnastics, dance lessons, etc.

Describe what will be covered for health in such areas as body structure and function, community health, safety, diseases, family health and mental health, personal health habits, consumer health, human growth and development, drugs, and nutrition.

**4. ENGLISH, AMERICAN & OTHER LITERATURE;**

Describe what will be covered by listing the types of literature to be read, such as fiction, non-fiction, poetry, biography; or the authors to be read; or the titles to be read; or the skills to be attained.

**5. THE NATURAL SCIENCES; and**

Describe what will be covered in such areas as biology, life science, physical science, chemistry, earth science, space science, environmental science, etc.

**6. THE FINE ARTS**

Describe what will be covered in such areas as visual arts, music, drama, dance, painting, pottery, crafts, music lessons, attend performing arts events, etc.